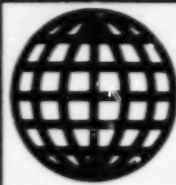


JFRS-TEP-88-009  
22 APRIL 1988



**FOREIGN  
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# ***JPRS Report***

# **Epidemiology**

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# Epidemiology

JPRS-TEP-88-009

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## SOUTH AFRICA

### 11 AIDS Carriers in Bophuthatswana; 2 Dead

MB141936 Johannesburg SAPA in English  
1924 GMT 14 Apr 88

[Text] Mmabatho April 14 SAPA—The Bophuthatswana Department of Health and Social Welfare in Mmabatho today revealed that 11 people have so far been confirmed as AIDS carriers in Bophuthatswana. At a national conference of health advisors, Dr N.N.D. Tshibangu said two of the 11 had already died. Nine of the reported cases are said to be in Ga-Rankuwa, while others are in the Mmabatho and Taung districts. The aim of today's conference was to share ideas on fighting the deadly disease.

### West African AIDS Strain Found in Local Men

54000101a Johannesburg BUSINESS DAY in English  
14 Mar 88 p 4

[Article by Dianna Games]

[Text] A second strain of AIDS virus, previously found only in West Africa, has been discovered recently in two South Africans.

Medical Research Council's AIDS virus research unit director Professor Barry Schoub said it was the first time this virus had been found outside West and Central Africa—from where it originated—in cases that had had no contact with that part of the world.

The virus, known as HIV-2, was first diagnosed in 1986.

There was a 60 percent chance of it not being detected in the course of testing for the more common HIV-1 virus, he said, but its prevalence in SA appeared to be very low and thus routine screening would not be done at present.

He said there was not a single country in the world, including West Africa, that screened blood for this strain. This operation would be very expensive in SA as it would require imported reagents.

Should a greater prevalence be detected at any stage, the approach to testing for it would have to be revised, he said.

Preliminary findings show the second strain could have a longer incubation period and the duration of the disease was likely to be longer.

Cases of the virus found outside West Africa to date had had some connection with that part of the world, unlike those found in SA, Schoub said.

One of the cases was a healthy South African 24-year old heterosexual man who had visited only Botswana and Swaziland.

He admitted casual sexual contact with a woman in the former country but not in the latter.

Blood donated by him to a local blood transfusion service was found to be positive for HIV-1 and further testing found the presence of HIV-2.

Schoub said the presence of the second strain could have been missed had the man not been tested positive for HIV-1 as well.

A second case of the HIV-2 was identified by the research unit in a black man, who had since died of AIDS, Schoub said.

—The AIDS awareness campaign begun by the Department of National Health in January had evoked great interest and public response.

Department spokesman Dr Buks Lombard said one of the regional telephone inquiry services had had more than 500 calls within the first 3 weeks of the campaign, SAPA reports.

Many requests for posters and talks had also been received.

/12232

### Concern Over AIDS Threat to Mining Industry Expressed

54000101b Johannesburg BUSINESS DAY in English  
3 Mar 88 p 3

[Article by Gerald Reilly: "AIDS Threatens Mining Fraternity"]

[Text] Pretoria—The spread of AIDS in Africa was a potential threat to SA's mining community, particularly because the industry recruited workers from areas where AIDS was now endemic, or where its spread was predicted.

This was said yesterday at the International Quantities Surveyors conference at the CSIR by Anglo American Corporation consulting architect, Murray Walker.

About 40 percent of migrant workers were from neighbouring states. Lesotho, Malawi and Mozambique relied heavily on the annual injection of foreign capital from compulsory deferred pay.

In 1986 R240.1m was paid to Lesotho, R36.9m to Malawi and R83.5m to Mozambique.

Walker said the mining industry remained a fundamental and, at times, controversial factor in the economic and the political fortunes of the African sub-continent.

A remarkable feature over the last 15 years had been the increase in incomes of partially skilled black mine workers.

Walker said the need to create a stable workforce and a sound black middle class would result in the providing of more married accommodation.

Inevitably most miners would remain in hostels, either because they chose to or because they were foreign workers.

The mining industry was committed to providing family housing for 60,000 whites, 70,000 blacks and other race groups, and single accommodation for more than 600,000 black workers, said Walker.

/12232

**Officials Report Tuberculosis Epidemic**  
*MB130729 Johannesburg SAPA in English*  
*0708 GMT 13 Apr 88*

[Text] Cape Town April 13 SAPA—A tuberculosis epidemic has hit the Western Cape, with local health authorities warning that they are not coping with the disease. At least one in every 124 people in the region

now has TB, according to the SA National Tuberculosis Association (SANTA).

Dr Reg Coogan, Cape Town's medical officer of health, yesterday warned that "prison and concentration camp-like" conditions on the Cape Flats were major causes of the spread of the disease.

In the Cape Flats—an "ideal breeding ground for TB"—up to 700 people in every 100,000 suffered from the disease, while one in every 124 people in the western Cape were infected, said SANTA.

Dr Len Tibbitt, of the Western Cape Regional Services Council said TB was a socio-economic disease, brought about by poverty, overcrowding and malnutrition, which "cannot be treated and eradicated with medical methods—it requires a political solution."

"Like prison and concentration camp conditions during World War II, conditions in the Cape Flats housing estates and townships have contributed to an increase in TB over the past three years," he said. "We are not curing or even coping with the disease and the government has withdrawn 1000 TB hospital beds as part of its economic austerity campaign."



**Decrease Noted in Alberta Red Measles Cases**

54200037 Vancouver THE SUN in English  
19 Mar 88 p B8

[Text] A two-year outbreak of red measles in Alberta has been brought under control.

John Waters, Alberta's director of communicable disease control, said occurrence of red measles is down after a dramatic increase. The number of cases reported in 1985 was 75, but jumped to 810 in 1986 and 745 in 1987.

This year, five cases were reported by the end of February, compared with 127 in the same period last year.

When the outbreak began, health officials began to immunize babies and children in schools. Children whose parents refused to have them immunized or who could not have the vaccine because of health reasons were removed from school 14 days.

Health units tracked down people who had not been immunized or were at high risk of contracting the virus.

Waters said red measles is a serious disease, especially for young children.

/06662

**Hepatitis Outbreak in Xinjiang 'Under Control'**  
*HK061250 Beijing ZHONGGUO XINWEN SHE in Chinese 0843 GMT 30 Mar 88*

[Report: "Spread of Non-Type A-Non-Type B Hepatitis in Southern Xinjiang Now Under Control"]

[Text] Urumqi, 30 Mar (ZHONGGUO XINWEN SHE)—The spread of the non-Type A-non-Type B hepatitis in some rural areas of Southern Xinjiang Uygur Autonomous Region is now under control. Of the total number of people who have contracted this disease, 97.88 percent have been cured. The number of people suffering from it has dropped sharply.

In September 1986, in Duolu Township, which is in Hetan Prefecture's Luopu County in Southern Xinjiang, people began to contract the communicable non-Type A-non-Type B enteric hepatitis. The disease spread to some of the rural areas in Hetan, Kashi, and Kizilsu. So far more than 122,000 cases have been reported, and 650 people have died of it. The mortality rate has been 0.54 percent.

According to an analysis of epidemic diseases data, these rural areas were hit by this disease because of poor hygienic conditions and poor water supply management. The virus entered some peasants' intestines after they drank unboiled water.

Since the outbreak of the epidemic, the State Council has sent work teams and experts to the affected areas to conduct surveys and direct work on four occasions. Last November, Minister of Public Health Chen Minzhang

went to the affected areas to inspect and direct prevention and relief work and improvements on the water supply system. The Xinjiang Uygur Autonomous Region has set up a headquarters for directing prevention and relief work and has sent many doctors, nurses, and health workers to treat the sick and look after the people in the affected areas.

Now life in the affected areas in southern Xinjiang has returned to normal. Local public health and water work departments are trying vigorously to improve epidemic prevention and water supplies in the rural areas and have strengthened public health administration.

**Shanghai Industrial Output Up Despite Hepatitis**  
*OW060855 Beijing XINHUA in English 1430 GMT 4 Apr 88*

[Text] Shanghai, April 4 (XINHUA)—Despite a hepatitis outbreak, Shanghai's January-March industrial output value was up 4.7 percent over the same period of last year.

According to official statistics, the city's total output value for the first quarter is 23.96 billion yuan, of which the light industry furnished 13.23 billion yuan and heavy industry, 10.73 billion yuan. The city yielded 8.78 billion in industrial output value in March, more than the same month of any previous year and up 28 percent over February, when the disease ran wild in the city.

Officials attribute the city's industrial success to the contract system, which is now practised in over 90 percent of the city's 1,793 state-owned enterprises.

## PAPUA NEW GUINEA

### **Malaria Strikes Entire Village**

54004311 Port Moresby PAPUA NEW GUINEA  
POST-COURIER in English 2 Mar 88 p 5

[Article by Angwi Hrichwazi: "Malaria Strikes an Entire Village"]

[Excerpts] An entire village of 200 people is down with malaria in New Ireland Province.

Other villages in the province have been hit also in a widespread serious outbreak of the disease.

The entire population—men, women and children—of Katkat village near Kavieng was said yesterday to be suffering from malaria.

The Catholic-run Lemakot Health Centre outside Kavieng has reported a dramatic increase in the number of people seeking treatment for malaria—more than 300 in the past two months compared with less than 100 in November-December.

Lamakot Health Centre has sent a medical team to Katkat village to attend to the stricken villagers. Other patients have come from almost every village in the area.

Kavieng Hospital and Namatanai Health Centre also have reported increasing numbers of malaria patients.

/9274



## BOLIVIA

### Health Ministry Reports Worst Conditions in Latin America

54002014a Cochabamba LOS TIEMPOS in Spanish  
18 Feb 88 p 4

[Text] (EFE) About 95 percent of Bolivian homes lack sanitation facilities and 65.7 percent do not have electricity, according to a health report by CEDOIN [Center for Documentation and Information]. It was based on data from the Ministry of Social Services and Public Health.

These health indicators are the most alarming in Latin America, according to the report. It is estimated that there are 1,040,704 homes in Bolivia, but only 38 percent have access to good potable water. Ministry of Health data published in the report indicate that there is a general mortality rate of 15.84 per 1,000 in Bolivia and an infant mortality rate of 169 per 1,000. The rate of malnutrition is estimated at 40.1 percent in Bolivia; it is 16.3 percent in Brazil and 8.4 percent in Chile.

The most important factors in the mortality and morbidity rate are diarrhetic diseases (32.4 percent), respiratory infections (32.1 percent), malaria (14.5 percent), and tuberculosis (3.8 percent). Others are blennorrhea, whooping cough, measles, syphilis, and mumps. According to the report, the predominant diseases in Bolivia spring from promiscuity and ignorance—which cause poverty—and lack of immunological defenses which causes malnutrition. This, in turn, is the result of poverty. There are 6.8 doctors for every 10,000 inhabitants in the urban area of Bolivia and only 0.84 doctors per 10,000 inhabitants in the rural area. Existing health services are no less alarming. There are 6.48 beds for every 1,000 inhabitants in the urban area and 0.61 in the rural area. The report also indicates that only 26 percent of the population in this Andean country has social security and 5 percent has access to private health services.

Only 39 percent of Bolivia's 6.5 million inhabitants have access to health services of the state or nongovernmental organizations. At least 1.8 million people do not have access to any type of health care. Using data from the Ministry of Social Services and Public Health, the report indicates that 30 percent of the Bolivian population does not have direct access to minimal health facilities and is completely unprotected.

7717

### Health Ministry Says Dengue Epidemic Could Recur

54002014b La Paz PRESENCIA in Spanish  
18 Feb 88 p 7

[First two paragraphs are PRESENCIA introduction]

[Text] The dengue epidemic in Santa Cruz can reappear in a more serious form, according to Dr Freddy Armijo Subieta and Dr Teresa Torres Sanchez.

The doctors do not know "for what strange reason the real disease is being hidden" and called a "bad flu."

They add that the only way to eliminate the disease is by providing potable water, sewage systems, and other vital needs to prevent reproduction of the carrier mosquito.

According to Ministry of Health authorities in Santa Cruz, "there was an epidemic caused by the Mayaro virus. It was called a bad flu, but actually it is a different disease with greater significance.

"Those 50,000 inhabitants of Santa Cruz did not have a bad flu. Those of us who know medicine understand that flu is a disease spread by direct personal contact, air contaminated by the sick and breathed by healthy people. The epidemic in Santa Cruz is a disease caused by a virus that is spread by the Aedes mosquito. It is an epidemic transmitted by carriers and cannot be called flu.

"For strange reasons, they do not want to recognize that this epidemic is dengue, an old and unusual disease in America."

They cite work done in Cuba during the dengue epidemics in 1977, 1980, and 1981. In 1981, there were 344,203 cases of which 116,143 were hospitalized, 24,000 had serious symptoms of hemorrhagic dengue, and 10,000 of shock dengue. Some 158 people, most under 15 years of age, died.

"What is known about dengue is that it is caused by a virus with four antigen types (I, II, III, IV) and is spread by the Aedes mosquito. The first time it produces a benign disease. However, when there is another epidemic, the mosquito carries a different type of virus which means a partial immunity. However, there can be a more serious reaction that affects the walls of the blood vessels, produces hemorrhages, increases red blood cells in the blood vessels through loss of liquids and plasma, and causes shock dengue which can be fatal. Those most affected are under 15 years of age."

The doctors' report states that dengue is not only caused by the mosquito but also by socioeconomic factors. In Santa Cruz more inhabitants of underprivileged zones where living conditions are bad became sick.

It adds that classic dengue is not serious and does not necessarily require a doctor's intervention, just personnel who know how to take care of the patient. However, as hemorrhages appear—especially on the skin—a doctor is indispensable. These patients must receive intensive treatment; otherwise, they die."

According to the report, dengue appears in three clinical forms. Classic dengue involves a high fever, a headache especially behind the eyes, muscular aches, loss of appetite, and hemorrhaging. Thrombocytopenia shows up in blood tests.

Hemorrhagic dengue includes all the symptoms of classic dengue, plus hemorrhages of the skin and the digestive tract.

Shock dengue includes all the symptoms of classic and hemorrhagic dengue plus a drop in the pulse rate and circulatory problems.

One way to control it would be health education campaigns to prevent the disease through improved sanitary conditions.

"It is a serious mistake not to tell the truth because the disease can reappear in a more serious form in 3 years."

The report states that apparent control does not mean that it has disappeared. There are isolated cases scattered through the rural area.

"The dengue and malaria epidemics in Santa Cruz, as well as measles and polio, are indicators of the serious deterioration of the health of the Bolivian population resulting from current economic measures. This will become more critical in the coming years. The 1987 epidemics are a warning to the institutions responsible for the health of the people."

7717

## CAYMAN ISLANDS

**AIDS, Other Diseases Added to 'Notifiable' List**  
54400080 Grand Cayman THE CAYMANIAN  
COMPASS in English 9 Mar 88 p 1, 2

[Words in italics as published]

[Text] AIDS (Acquired Immune Deficiency Syndrome) and HIV infection (HIV antibody positive) have been added to the list of notifiable diseases in an amendment to the Schedule of the Public Health Law, published as a supplement to the *Gazette* of 29 February.

This means that doctors are now required by law to report all cases of AIDS or of infection with the virus to the Public Health Department. These confidential reports are made directly to Dr. Kiran Kumar, Medical Officer of Health, and, as is the case with all notifiable diseases, must contain the name and address of the patient.

This is necessary in order for the Public Health Department to institute follow-up such as epidemiological investigations, as well as to acquire statistics for planning purposes.

Also added to the list for the first time were herpes, chicken pox and mumps, although they were being routinely reported prior to this new list. The list was further revised with "severe diarrhoeal disease" and

"salmonella infections," respectively, deleted and replaced with the broader designations of "gastroenteritis" and "food-borne illnesses."

/12913

## DOMINICA

**Number of Confirmed AIDS Carriers Now at 16**  
54400078 Kingston THE DAILY GLEANER in English  
3 Mar 88 p 4

[Text] Roseau, Dominica, March 2, Cana—Medical officer of health Dr William Green on Wednesday said confirmed AIDS carriers in Dominica had risen to 16, including three suspects for whom secondary confirmation is being awaited.

Dr Green, who made the disclosure at the opening of a two-day workshop on the dreaded disease, described the situation as alarming.

Previously, there had been six known cases of the disease here with five deaths.

Chief Medical Officer Dr. D. McIntyre added that since it was thought that for every known AIDS carrier there were at least ten unknown, it meant that there were about 160 AIDS carriers in Dominica at the present time.

According to Dr Green, the majority of the carriers of the acquired immune deficiency syndrome are homosexuals. However, the health laboratory has identified some blood donors and some farm workers.

Health Minister Ronan David said he was most fearful in regards to the 16 carriers.

"The infected persons will soon die, but those carriers who roam among us, living a normal life, they are the dreaded ones. And we don't know who they are."

David said his ministry would hope to bring home the message of the killer disease during a planned AIDS awareness week.

08309

## JAMAICA

**Incidence of AIDS, Mortality Continue to Rise**  
54400082 Kingston THE DAILY GLEANER in English  
16 Mar 88 p 1

[Text] Forty-eight Jamaicans so far have had the disease AIDS—Acquired Immune Deficiency Syndrome—according to the Ministry of Health.

Thirty-six of the AIDS victims have died and 12 are alive. Since the start of 1988, four persons have contracted AIDS and eight—five men and three women—have died from it.

Also, since this year, no additional children have been diagnosed with the disease. Altogether four children under five years old have contracted AIDS from their mothers who tested positive for the Human Immuno-Deficiency Virus.

The Corporate Area of Kingston and St. Andrew has had the largest number of AIDS cases, with 24 of those diagnosed with the disease being from that section of the island. They are followed by the parishes of St. Ann and St. Catherine which has four victims each.

Thirty-three of all the cases occurred during 1987, the Ministry said, and only 11 were reported before this.

According to Dr. Marion Bullock-DuCasse, Medical Officer in the Epidemiological Unit at the Ministry of Health, the Ministry is engaged in an islandwide survey to probe Jamaicans' knowledge and attitude towards sexually-transmitted diseases which includes AIDS.

The European Economic Commission (EEC), through its AIDS-control programme in the African, Caribbean and Pacific countries, is to finance the services of a senior epidemiologist to work for two years here, according to an article in the EEC's January 1988 Newsletter.

The expert will assist government health authorities to study the incidence and distribution of AIDS in Jamaica. He will also participate in AIDS-related research and staff-training and assist the government to set up systems for the detection, prevention, control and care of the disease and infected persons.

Dr. DuCasse told the GLEANER yesterday that the epidemiologist had not yet arrived at the Ministry.

/9738

**High Percentages of Child Immunization Achieved**  
*Kingston THE DAILY GLEANER in English*  
29 Feb 88 p 29

[Text] The Ministry of Health has achieved a 90 percent level of immunization coverage of some of the major childhood diseases, and is maintaining a high 80 percent-age in others.

Poliomyelitis [polio] is currently one of the group of six major diseases that the Government is concentrating on following the last outbreak in 1982. A national coverage of 82 percent has been recorded.

Others such as diphtheria, tetanus and whooping cough have a recorded over 80 percent coverage. Tuberculosis has a 92 percent record, but measles is trailing behind with a 47 percent national coverage.

Dr. Deanna Ashley, Senior Medical Officer in the Ministry of Health in charge of Maternal and Child Health, told Jampress that Jamaica has made remarkable improvement in the immunization programme for polio since 1982.

Prior to that period, she said, there was only a 30 percent national coverage of this crippling disease.

She noted that the programme has been progressing so well that some parishes were recording levels of over 90 percent. These were Westmoreland, Trelawny, St. James, Hanover, St. Ann and St. Mary.

Kingston's immunization standing for polio was 85 percent, with Portland also recording over 80 percent.

Dr. Ashley warned that there was no place for complacency over those figures, which she said could compare favourably with many countries more developed than Jamaica. She noted that there was still much work to be done to achieve the 100 percent target the Ministry has set itself by 1990.

She attributed the success partly to the enforcement of the Immunization Law, which compels all children up to the age of seven years old to be immunized before entering school.

08309

## INDIA

### Disagreement Over Spending on Campaign Against AIDS

54500122 Calcutta THE TELEGRAPH in English  
20 Mar 88 p 5

[Article by Seema Paul]

[Text] New Delhi, 19 March. Health experts and decision makers in the country are divided in their opinion about the danger posed by AIDS in India, with the lobby opposed to spending huge resources on AIDS control and a high profile educational campaign currently gaining the upper hand.

The government recognises the AIDS has acquired pandemic proportions, but is at present guided by the view that India has no reason to be apprehensive, as only 16 cases of confirmed AIDS victims have been reported. Of these, officials are quick to point out, eight were foreigners and the rest Indians who contracted the disease through intercourse with foreigners.

The health ministry had started a high profile campaign on AIDS in 1986, but following a discussion in Parliament last year, during which members said the campaign was spreading an unnecessary scare, it seems to have lost interest in the idea of educating people. In 1986-87, the ministry spent Rs 40 lakhs on the campaign, but the following year it was allotted only Rs 14 lakhs.

The ministry also withdrew its bi-weekly educational programmes from Doordarshan and All India Radio. Its educational handouts and slides shown in cinema halls were also withdrawn.

Doctors involved in the AIDS programme still feel that it should not be taken lightly. They complain that division of opinion has delayed clearing of the AIDS programme, which was sent to the finance ministry a year ago.

"Officials have not yet perceived the danger that AIDS poses to our future and are sitting over the programme as if it was any other ordinary programme," one doctor in the health ministry said.

"India seems happy because the number of AIDS victims reported here are very small. There are only 16 full blown cases and 237 infected persons in India, according to official reports. This, the doctor said, need not necessarily represent the real picture. The network of surveillance centres in India is weak and not all patients report to doctors. Besides, researchers in foreign countries feel that for every AIDS case that is reported, there may be 50 to 100 infected persons.

The conclusion that there are no indigenous cases of AIDS may also be wrong.

Advocates of a high profile educational campaign feel India should take the worst possibilities into consideration. India, according to them, is in a position to prevent the disease through education right now, rather than cope with it after its arrival in a virulent form.

/12913

### Hospital Hepatitis Epidemic Spreads Throughout City

54500123 Calcutta THE STATESMAN in English  
17 Mar 88 p 1

[Article by Dipkosh Majumdar and Debashis Mitra]

[Text] No longer confined to the Calcutta Medical College and Hospital, hepatitis has now spread to various parts of the city, several private practitioners confirmed in Calcutta on Wednesday. The School of Tropical Medicine has recently received hepatitis cases from all the major hospitals in the city. Some medical students and junior doctors of the National Medical College have also been affected.

Experts at the School pointed out that a majority of the jaundice patients in Calcutta and its suburbs were suffering from neither hepatitis A nor hepatitis B. Preliminary tests reveal that it is the little-known hepatitis Non A Non B, which is causing complications for a large percentage of those affected. The Non A Non B virus is transmitted through blood as well as water and its mortality rate, described as "high," varies between 8 and 12 percent. The first Non A Non B case was diagnosed in Calcutta in 1981.

Dr M.S. Chakraborty, a senior virologist of the School said that hepatitis was now a common feature between March and June every year. He said that leaks in the city's underground water supply system allowed liquid waste from the adjoining sewer network to contaminate the drinking water pipes. Tubewells, according to him, are safer. He advised regular cleaning of reservoirs in all buildings in the city and felt that the sale of coloured water and other "open" drinks should be disallowed during the summer.

At the Medical College the already critical situation in the students' hostel caused by the outbreak of hepatitis worsened further following an outbreak of diarrhoea on Tuesday. At least 46 students of the hostel on Giribabu Lane have so far been affected and some of them were stated to be in a serious condition.

/12913



## SYRIA

### Government Adopts Preventive Measures Against Aids

54004504 Damascus AL-THAWRAH in Arabic  
18 Mar 88 p 4

[Excerpt] The AIDS Followup Committee held a plenary session at noon yesterday under the chairmanship of Dr Muhammad Iyad al-Shatti, the minister of health. The meeting was attended by representatives of the ministries of health, higher education, interior, justice, social affairs and labor, religious trusts and education, as well as representatives of the Physicians Union, the Scientific Studies and Research Center, the Public Blood and Medical Industries Organization, the Blood Bank and of al-Muwassah Hospital and the Tishrin Military Hospital.

At the meeting, the conference reviewed the measures taken by the Ministry of Health in cooperation and coordination with the other public authorities concerned to prevent the infiltration of this disease into the Syrian Arab Republic. In light of the review, it was decided:

To entrust the Ministry of Health to acquire the equipment needed to detect AIDS through the World Health Organization and to supply this equipment to the Damascus Blood Bank and to the Aleppo and Latakia health directorates.

To make 1 April 1988 the effective date for checking the blood units in the blood banks.

To form a working team comprised of heads of all the laboratories concerned to establish and implement the unified operation plan formulated by the Ministry of Health.

To instruct the directors of all blood banks to examine their workers and other people working with blood for AIDS and hepatitis.

To form another working team, headed by the Ministry of Health representative and with representatives of the ministries of interior, higher education and social affairs and labor as members, to deal with suspected cases.

To reexamine the administrative directives issued on this disease and to unify them throughout the country.

08494



### New Instrument for AIDS Diagnosis

54001022 Moscow SOVETSKAYA ROSSIYA in Russian 13 Jan 88 p 4 Article by A. Kalinichenko, special correspondent: "An Instrument Which Can Find the Virus"]

[Text] A model for an instrument to diagnose AIDS has been created at the Leningrad Scientific Technical Association of the USSR Academy of Sciences.

The instrument on which Leningrad scientists worked for one and a half years has no analog in the West. But according to the estimates of specialists, it should be competitive in the world market, where the demand for an AIDS diagnostic apparatus is growing, regrettably, not daily but hourly. The sensitivity of the new instrument is an indisputable achievement, allowing the detection of the disease not only in its acute phase but also during the incubation period. In contrast to foreign models, the instrument developed by the Leningrad scientists has no moving parts, which increases its reliability.

At present the developers are working on the problem of decreasing the weight of the instrument and attaining the minimal possible cost. It is much more complicated to develop an inexpensive instrument, the more so as the new instrument requires sophisticated radioelectronic equipment and uses new types of plastics. The model costs 40 thousand rubles, but an instrument which goes into production should cost no more than 10 thousand rubles.

Industrial enterprises should be preparing to produce the new instrument simultaneously within a very short time period. The Leningrad production association Krasnogvardeyets has already begun preparing for production.

"Are there still other secondary problems which might become critical problems?" I ask L. S. Reyfman, director of the Scientific and Technical Complex of Instruments for Biotechnology NTO, USSR Academy of Sciences.

"The effectiveness of the instrument will be determined by auxiliary equipment and not only by the high quality of that equipment but by its very presence. The Special Design Bureau for Bioinstrument Building, USSR Academy of Sciences, has designed a complete set of equipment for automated immune analysis. We are discussing future supplies and joint developments with CEMA countries. An instrument which is not part of a complete unit will be practically useless. It is only the 'heart.' A good 'body' made up of various accessory equipment must surround the 'heart.'"

We enter the laboratory where the creators of the 'heart,' A. A. Yevstrapov, K. L. Matisen, and A. L. Sizov, laboratory researchers, are leaning over it.

"It is all very simple," they said, demonstrating their instrument. "Our instrument is an analyzer which gives a response to any virus. So it can detect not only AIDS

but any virological disease: hepatitis, influenza, and even potato diseases, which, incidentally, we tested the instrument on initially. The instrument may be used not only for diagnostic purposes but also during the course of therapy.

The responses of doctors who are testing the first models in Leningrad clinics are uniformly positive. But there is only just enough time for the materialization of the concept. By the end of 1988, the development of blueprints and all testing should be completed. And in the following year, the instrument, which meets present-day requirements as well as those of tomorrow, should be manufactured.

### AIDS Prevention Measures in Kirghizia

54001013 Frunze SOVETSKAYA KIRGIZIYA in Russian 10 Feb 88 p 4

[Article by B. Shapiro, first deputy minister of health and chief KiSSR state health physician, and M. Kitayev, professor and doctor of medical sciences: "AIDS: Rumors and Reality"]

[Text] AIDS (acquired immune deficiency syndrome) is caused by a specific virus that destroys cells of the immune system that have a protective function. Hence the name of the disease—immune deficiency, that is, immune incompetence. Because of this effect on the immune system, the pathogen has received the name human immunodeficiency virus (HIV).

AIDS is a new disease, in which the body loses its ability to fight infection and cancer. Ineffective immune protection leads to the development of various infectious and oncological diseases that end in the death of the patient. The virus can also attack the nervous system, causing brain disorders. Cases have been described in which, a month after the onset of the disease, the mental ability of a psychologically healthy individual breaks down completely.

AIDS does not recognize geographic or national boundaries, and it has entered the Soviet Union. In our country, more than 200 individuals infected with the AIDS virus have been identified, the majority of them foreign citizens who had arrived from infected regions. Three such cases were recently recorded in Kirghizia, also among foreign citizens who were temporarily residing in our republic. Those individuals were deported from the Soviet Union.

AIDS prevention measures involve observing personal and social hygiene. Casual sexual intercourse is an open door to AIDS! Everyone must know that sexual promiscuity today not only is immoral, but also is fraught with life-threatening risk. Individuals infected with the specific virus are the source of the infection. This can be an AIDS patient or a virus carrier who has no symptoms, that is, someone infected with HIV but showing no signs of the disease. It takes from several months to five years

or more after the virus enters the body for the clinical signs of the disease to develop (the incubation period). During that period, the disease does not manifest itself in any way, even though HIV is in the body. Such virus carriers, not suspecting that they are ill, may be vectors of the disease, spreading it unnoticed to the surrounding population. It is the virus carriers who present the greatest danger to society. For the time being, we do not have sufficiently effective means for protecting the body from this virus.

AIDS does not have its own clinical picture and is masked by other diseases. The initial manifestations of the disease are completely uncharacteristic. They may be, for example, symptoms such as unexplained weight loss; lengthy, incomprehensible fever; heavy sweating at night; diarrhea that last 2-3 months and has no known cause; weakness; or swelling of the lymph nodes in several places for more than three months. Later, inflammation of the lungs, pustulous lesions of bone and sexual organs, sepsis (blood poisoning), malignant skin tumors, or other infectious diseases develop—all resistant to treatment. Patients with such symptoms undergo a thorough examination for AIDS.

The entry of HIV into the blood is the principle factor in the infection of an individual with AIDS. Broad-based epidemiological studies have made it possible to isolate three methods of HIV infection. The virus can be transmitted from an AIDS patient or AIDS carrier to his or her sexual partner during sexual contact. This means of infection is encountered particularly often among homosexuals and among individuals who lead a promiscuous sex life, changing partners frequently. The disease can also be spread in the transfusion of infected blood or blood preparations and in the transplantation of organs or tissue infected with HIV. Examination of blood donors for AIDS has been mandatory since 1987, and unchecked blood cannot be transfused. HIV can also enter the blood through the use of unsterile syringes or needles or other medical instruments contaminated with infected blood. This means of infection is encountered quite often in drug addicts who share syringes.

The possibility cannot be ruled out that infection may occur with a razor, manicure scissors, acupuncture needles and needles for piercing ears, or tooth brushes on which there is blood infected with the virus. It is true, the virus dies quickly outside the body. It is also possible for the infection to be transmitted from a pregnant woman infected with HIV to the child during the pregnancy, at childbirth, or soon after childbirth.

There are no reliable reports on the transmission of HIV with perspiration. Since the virus is contained in extremely small amounts in the saliva of AIDS patients, the transmission of the infection in the airborne droplets in coughing or sneezing is virtually impossible. For that reason, one cannot be infected with dishes, forks, or spoons used by an AIDS patient. AIDS cannot be transmitted in kissing, but it should be kept in mind that

the mucosa of the mouth is more sensitive than the skin, and microfissures—through which the virus can enter the body—form on it more easily.

HIV does not pass through undamaged skin and is not spread through the air, water, food, objects of common use (money, swimming pools, bathtubs), or toilet articles or by daily contact or contact at work, handshakes, or living in the same residence. Epidemiological research has excluded blood-sucking insects (mosquitoes and bedbugs) and domestic animals as transmitters of the infection.

HIV is very sensitive to temperature, and it loses its disease-causing properties when heated to 56 degrees for 30 minutes and dies almost instantly when it is boiled. Following the instructions for sterilizing instruments, therefore, completely prevents the infection. HIV is very sensitive to chloramine, hydrogen peroxide, and disinfecting agents that contain phenol.

For us, AIDS has more of an "imported" nature, since it is brought in from abroad, from countries that are disadvantaged in terms of epidemiology. A law was recently passed in our country that protects people from possible infection with AIDS. By order of the Presidium of the Supreme Soviet of the USSR, Soviet and foreign citizens can be made, when necessary, to undergo a medical examination for AIDS. If they evade the examination, they can be taken by the militia to a treatment facility for the check-up. Foreign citizens who evade the examination can be expelled from the USSR. The law makes it legal to actively search for those infected with AIDS. Extremely important is the introduction of punishment for intentional spreading of the disease by individuals who know they are infected. Such individuals are penalized with incarceration of up to eight years.

Since we do not yet have methods that can effectively treat or prevent this illness, the creation in the republic of a well organized system of controlling the spread of HIV is extremely important. To that end, a central immunological laboratory for conducting multiple examinations of the public for AIDS has been set up at the Kirghiz Scientific Research Institute of Cardiology. The principle means of examination is to examine the blood for antibodies to HIV, the presence of which indicates that the individual has had contact with the agent of the disease. Such antibodies point to the disease or to an incubation stage of the illness.

Examinations for AIDS are being conducted in blood donors and pregnant women, in Soviet citizens who are returning from foreign assignments of longer than one month, and in foreign citizens who have come to our country to study or work for more than three months. In addition, the examination is mandatory for individuals at high risk (homosexuals, drug addicts, and prostitutes

who have had venereal disease), individuals who have had contact with AIDS patients or with carriers of the virus, and people in whom suspicious signs of the disease have been identified.

Besides the mandatory examination of those groups of people, anyone who wishes to, can take the AIDS examination, without being forced or being recorded in the registration office. For this, at the laboratory of immunology at the consultation cardiological clinic, a free visitation office is open (24 Logvinenko Street, Office 218), where blood is being tested for the presence of HIV antibodies. The office is open on Tuesdays, from 4 P.M. to 6 P.M. The visit to the office and the results of the analysis are kept confidential.

To date, more than 50,000 residents of the republic have been examined. Preparations are being made to open six new AIDS diagnosis laboratories—at the Republic Blood Transfusion Station in Frunze and in Osh, Dzhalsal-Abad, Talas, Przhevalsk, and Naryn. They will see to it that blood transfusions are safe and will create a rigid anti-epidemic barrier to this threatening infection. The problem of AIDS, however, cannot be solved by the medical profession alone. AIDS is next door! And only proper behavior in private can assure the safety of the health of every individual.

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#### **Additional AIDS Screening Centers Opening in Moscow**

34001023 Moscow IZVESTIYA in Russian  
12 Feb 88 p 6

[Interview conducted by V. Belikov: "Physicians against 'The Epidemic of the Century'"]

[Text] The problems of diagnosis, prevention and treatment of AIDS became the theme of a conference of physicians taking place in the capital. Somewhat earlier, the board of the Main Directorate for Public Health, Moscow City Executive Committee discussed measures in the struggle with the "epidemic of the century."

"This is not the first time that such a question has been introduced into the agenda," says V. Mudrak, directorate head. "The danger of the spread of the disease is great and Moscow physicians are trying not to lose control over the situation. I can definitely say that we have succeeded so far.

[Belikov] "According to the information available, there are about 100 individuals in the city who have been found to be infected with the virus at the present time. The overwhelming majority are foreigners; only a few are Soviet citizens. How are viral carriers detected?

[Mudrak] "As known, a laboratory for anonymous testing for AIDS at the Second Moscow Infectious Disease Hospital has been in operation for about a year. A

thousand people have already been voluntarily tested here. In addition, following the passage of the decree of the Presidium of the USSR Supreme Soviet in August of last year, it has become legally possible to test without fail people believed to be infected.

Since AIDS came in from abroad, the intention is to conduct medical examinations on foreigners staying here for long periods for work or study and also on our compatriots who are returning after lengthy assignments abroad, especially in countries where the situation is unfavorable from the standpoint of the spread of this disease. The procedure for these tests is simple and it is already being effectively carried out in Moscow.

[Mudrok] "It was reported to the board of the Main Directorate that not one ampule of blood for transfusion is sent to medical establishments of Moscow without careful testing. In this connection, I would like to again firmly refute the rumors which surface from time to time regarding the possible spread of the virus by means of manufactured drugs, especially interferon, or by any type of contact with commonly used objects or even...the air in hospitals. It is impossible to call such 'information' anything other than conjecture, which only interferes with the effective prevention of AIDS.

[Belikov] "What are these measures?"

[Mudrak] "In the near future, five more laboratories for AIDS testing will be opened in Moscow in addition to those already operating. They are being organized at the Municipal Sanitary Epidemiological Station, at the Scientific Research Institute for First Aid imeni N. Sklifosovskiy, at Clinical Hospital No 15, at Polyclinic No 78, and also at the Oblast Skin and Venereal Disease Clinic. Voluntary testing at the new locations will also be conducted anonymously. In Moscow, 1,500 doctors are prepared to conduct active explanatory and sanitary-educational service among senior pupils and students in hostels and youth production collectives.

[Belikov] "And we are not overstating the danger for inhabitants of Moscow?"

[Mudrak] "Not in the least! Capitals are major international 'gateways' of the state as well as the major air and railroad junctions of the country. Each day more than 2.5 million passengers in transit from all over the world come through the city. Approximately 9 million Muscovites associate with them in one way or another. It is for doctors to be concerned about with whom and in what way...Unfortunately, at this time there is no cure for AIDS.

"We are using an effective preparation—domestically produced azidothymidine—in our practice," reports V. Petrovskiy, section head of a specialized laboratory at the Institute of Virology. "The activity of the virus in the body is significantly inhibited and its reproduction is slowed down by this drug. The main thing is to hopefully

prolong the life of the patient until a vaccine or other drugs are developed which will conclusively solve the problem of this terrible disease."

**AIDS Prevention Conference in Lithuanian SSR**

54001021 Vilnius SOVETSKAYA LITVA in Russian  
70 Feb 88 p 4

[Article by V. Mokrushin: "Prevention of AIDS"]

[Text] A republic conference on AIDS was held at the Kaunas Medical Institute. Specialists from Lithuania, Moscow, and Leningrad discussed protective measures against the Acquired Immune Deficiency Syndrome (AIDS). There are still no patients with this insidious disease of the century in our republic. However, according to the opinion of doctors, it is necessary to explain to the populace how the disease is spread and its consequences and to activate preventative work against AIDS.

**First AIDS Carrier Detected in Belorussia**

54001020 Minsk SOVETSKAYA BELORUSSIYA in Russian  
3 Jan 88 p 4

[Commentary by Yu. N. Popova, executive of BSSR Ministry of Internal Affairs]

[Excerpt] A waitress from the Gomel oblast became the first AIDS virus carrier who was registered recently in the [Belorussian] republic. The results of tests conducted at the Minsk Infectious Disease Hospital confirmed that she is an AIDS virus carrier in the initial stage of the disease. Before coming to Belorussia, she resided in Odessa, where she had sexual contacts with foreigners. Her husband, who is also at the hospital, has the same diagnosis.



## DENMARK

### Fewer Infected With AIDS

54002464 Copenhagen BERLINGSKE TIDENDE in Danish 21 Mar 88 p 5

[Text] The Health Administration has adjusted downward the prediction for AIDS-infected Danes. Previously, the Health Administration estimated that from 10,000 to 15,000 Danes were infected. However, it is presently thought that the figure lies between 5,000 and 10,000. This was stated by the director of the Health Administration's AIDS Secretariat, Senior Physician Lone de Neergaard, following the general convention of the Danish Hemophiliacs Association last weekend. "We are seeing the same downward trend almost everywhere in Europe, but have still not found a reasonable answer as to why this is happening," said de Neergaard.

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## DENMARK/GREENLAND

### Aids "Case-Tracing" To Be Done Over Entire Island

54002459 Copenhagen BERLINGSKE TIDENDE in Danish 24 Feb 88 p 16

[Article: "Now AIDS Study Over All of Greenland"]

[Text] The health department is now joining "case-tracing." All local authorities are being asked permission to conduct a large-scale study.

The health department in Greenland is now joining the biggest AIDS study hitherto. Seven cases of the AIDS infection have been recorded here so far, and it is the intention for the future that both these seven and any new cases will be made the subject of a careful charting of the infection routes of AIDS.

All Greenland municipalities have been asked about their attitude toward such a study and there have already been positive promises of cooperation from two municipalities. Tomorrow it will be the Nuuk Municipal Council's turn to take a position on National Physician Jens Misfeldt's application and the municipal council's members will receive a briefing from both Misfeldt and District Physician Rene Birger Christensen in this connection.

### "Case-Tracing"

The "case-tracing" [in English] method, which can be translated as something along the line of "contact tracing," will be made use of in the study.

The idea is that the very moment AIDS is diagnosed in a municipality the study will be begun around the infected person or persons. The idea is that all circumstances concerning the infection and transmission of the

infection are to be charted through the use of questionnaires. At the same time those infected will receive all available assistance with regard to the prevention of further infection and with regard to their own personal situation.

### Two Goals

National Physician Jens Misfeldt tells AG [not further identified] that the study has both a scientific and social aim. Greenland is believed to be a suitable research subject in this connection because the country has had as yet only seven cases of the infection. Thus, the problems are still manageable. On the other hand slim scientific data on sexual practices here indicate that the disease—as sexual diseases do—has every possibility of spreading at almost explosive speed and of actually assuming the character of an epidemic.

The study's scientific aim is the determination of the routes of infection: How does one become infected with AIDS? Does it infect more through homosexual than through "normal" intercourse? And numerous other questions.

The social aim, according to Jens Misfeldt, is for those infected to receive the best possible support, as well as for the routes of infection to be restricted or completely eliminated via prevention on the part of the individual.

### Appropriations

From the Health Administration's quarter support has been received up to now in the form of a modest sum from the State Medical Research Council. The sum can cover the cost of sending a couple of experts from Denmark to Greenland, and it can pay for laboratory tests, which in the beginning are to take place in Denmark.

The Greenland Department of Health will not be financially strained by the study. In terms of resources, it is a question of the health department's personnel contributing by taking blood specimens.

Jens Misfeldt, he tells AG, is not able to estimate how extensive the study will become over the years. "But I am convinced that the necessary funds will certainly be appropriated in pace with the need," he says.

EE31

## NORWAY

### AIDS Studies Examine Sex Habits, Origin of Disease in Country

Oslo AFTENPOSTEN in Norwegian 2 Mar 88 p 4

[Article by Hilde Harbo]

[Text] AIDS experts disagree on how great a threat the HIV epidemic is to the heterosexual part of the population. The large-scale survey of Norwegians' sex habits



shows that every fifth man and every eighth woman has been unfaithful at least once to his/her spouse or live-in partner. Ten percent of all heterosexual men and 14 percent of the heterosexual women have had anal intercourse. There is considerable disagreement on whether these and other results should give rise to alarm or optimism.

Researchers at the State Institute for Public Health (SIFF), which conducted the survey of 10,000 Norwegians, think that the results are serious warning signs to heterosexuals. Dr Svein-Erik Ekeid, of the Public Health Bureau, is far more optimistic.

Psychologist Jon Martin Sundet has directed the project and concludes that the data on Norwegians' sex habits show that heterosexuals constitute a significant source of potential infection.

"If the human immunodeficiency virus makes its way into this large section of the population—something we've already seen the first signs of—we may be faced with a catastrophe," he says.

#### **Heterosexuals Infected**

Sundet is supported by Leif Bakketeig, chief physician in SIFF's epidemiology department, who points out that 10 to 15 percent of those asked behave in a very risky manner with many sex partners. This group is extremely vulnerable to infection and can spread the virus at a rapid rate. He also observes that heterosexuals make up an increasing share of recently infected persons in Norway.

Dr. Svein-Erik Ekeid, the Public Health Bureau's expert on AIDS, interprets the response to the sex-habit survey in an entirely different way. He thinks the results are as expected and bear out the Public Health Bureau's recent conclusion that the danger of a major epidemic among heterosexuals is slight.

Some of the responses to the sex-habit survey, the largest of its kind in the world, were made public yesterday. The preliminary results will also be presented next week at a major international conference on AIDS in London. The rest of the survey will be made ready for the big AIDS conference to be held in Stockholm in June.

#### **Intimate Topics**

In view of the very intimate topics touched upon, the questionnaire survey received a high percentage of responses. Roughly 63 percent filled out the questionnaire, a much higher portion than that obtained by the Kinsey report of the Shere Hite surveys. It is therefore assumed that the answers represent the entire population relatively well. Those surveyed were drawn from the age group 18-66.

The survey shows that men are unfaithful more often than women and that young people are more unfaithful than older ones. If the survey is representative, then 100,000 men and 80,000 women have been unfaithful in the last 3 years. Statistically, men aged 39 to 45 are the most unfaithful. Nearly a third of them have been unfaithful to their current partner. But women aged 18 to 24 cheat on their partners more than men of the same age do.

#### **Fifty Partners**

Most of those who have been unfaithful had just one or two lovers during the last 3 years. A majority of those who are single have had fewer than five partners in this period. But the survey also shows that some have had sex with up to 50 different persons since the HIV epidemic came to this country.

Sex with persons of the same gender has also been a topic of the survey. 3.4 percent of the men and 2.9 percent of the women say they have had at least one homosexual experience. This corresponds to 40,000 men and 38,000 women. Only a fourth of them have had sex exclusively with persons of the same gender. Roughly 60 percent of the group with homosexual experience have had more heterosexual than homosexual partners.

#### **Anal Sex**

Transferred to the entire population, the survey indicates that 170,000 heterosexual Norwegian women and 120,000 heterosexual men have had anal intercourse. Only a fourth of those who practice homosexuality have had anal sex. But a solid 50 percent of those with bisexual experiences have had anal intercourse at least once.

On the average, homosexuals have had just as many partners as heterosexuals, while bisexuals have switched partners somewhat more than the average.

#### **Estimate Infection**

SIFF director Bodolf Hareide makes clear that the data from the sex-habit survey will be thoroughly used in subsequent research to estimate how far the infection has spread. The results are also important for choosing means to fight the further spread of HIV.

Ekeid thinks the figures are very useful. He believes they confirm the correctness of the authorities' strategy for informing the people. "There's no reason to substantially change the way we educate the public," he says.

#### **Norwegian AIDS-Related Deaths in 1970s?**

A Norwegian family of three may have died of AIDS way back in the 1970s. The AIDS epidemic seems to be at least 32 years old. These shocking conclusions are drawn by researchers who have now examined the old medical records of patients who died of what were then inexplicable causes. State Hospital chief physician Stig Froland

informs AFTENPOSTEN that in the early 1970s he treated a family of three in which everyone died of diseases which today are linked to AIDS.

These facts put the beginning and course of the AIDS epidemic in an entirely new light. The first time a patient was diagnosed with AIDS was in the United States in 1981. AIDS was first diagnosed in a Norwegian patient in 1983. What then seemed to be an utterly new disease now turns out to have existed for several decades perhaps. The first reliable sign that the AIDS epidemic arose long before 1981 was received when the human immunodeficiency virus was recently found in the frozen blood samples of the 15-year-old American Robert R., who died in 1969. His pathological picture was then viewed as inexplicable, but later analyses showed he died of AIDS.

Israeli researchers have examined the medical literature from 1950 onwards and found 19 patients who met the criteria for an AIDS diagnosis—the first in 1952.

In the 1970s, chief physician Froland himself treated at least three patients, all of whom had a clinical picture that very much resembled what we today call AIDS.

"In 1971, I came into contact with an underage girl who had severe immunodeficiency, infections, and complications that were identical with AIDS. The girl died around 1975, and a few years later both parents also died of similar afflictions.

"It happens that as early as 1967 I had treated the father for swollen lymph glands, which we today know may be a sign of HIV infection. He was a seaman and had sailed a lot around Africa, among other places," says Froland.

"The fate of this family puzzled me long before the HIV epidemic became known. And I see now that in all likelihood the family was infected with a virus similar to HIV."

There still exist frozen blood and tissue samples from the family, and this material has already undergone the test for HIV-1. The result was negative, but the samples will now be tested for HIV-2.

"Because the father had been in Africa where HIV-2 is most widespread, it's possible that it was this virus which caused the illness. But we could also suppose that the family was infected by an earlier version of HIV which hasn't been identified. This is possible because we know the virus undergoes mutations," says Froland.

The Israeli study, which is mentioned in the last edition of AIDS information from the State Institute for Public Health, refers to 19 cases from the United States, Canada, Great Britain, West Germany, Sweden, Denmark, Belgium, Uganda, and Israel. Twelve of the patients were men; seven were women. Seven of the patients had what we today consider high-risk factors for AIDS: two were

homosexual men, one was born in Haiti, and three had lived in Africa. One of the latter three was a Danish woman who had worked as a surgeon in Africa for many years. All the patients died of AIDS-related diseases.

"I think that many infectious-disease physicians who think back will find patients who died of AIDS-like conditions long before the epidemic was known," says Froland.

12327/7310

## TURKEY

### Total AIDS Patients Registration

TA121926 Ankara Domestic Service in Turkish  
1000 GMT 12 Apr 88

[Summary]—It has been reported that a total of 52 AIDS patients, 45 of them Turks, have been registered in Turkey so far. Nine of the patients have died. Health and Social Welfare Minister Bulent Akarcali noted that 75 centers have been established, especially at border checkpoints and tourism areas, to conduct AIDS screening tests.

### TB Cases Continue To Grow

54002453 Istanbul GUNAYDIN in Turkish  
6 Jan 88 pp 3, 9

[Text] The President of the Istanbul Tuberculosis Society Dr Zulfu Sami Ozgen said that tuberculosis is on the return trail, its incidence reaching serious dimensions. He announced that the number of TB patients are rising by 25,000 every year.

Describing TB as a socially-induced disease Dr Ozgen said that its sources can be traced to inadequate nutrition, elements of nature, ignorance and improper use of pharmaceuticals. "We do not have enough vaccines to fight the disease," Ozgen said. The highest risk areas were Eastern and Southeastern Anatolia, the Black Sea, Bursa and Istanbul regions. "An urgent vaccination campaign should be started in these areas," Ozgen declared. From 1970 onward TB had been on the increase, reaching 130,000. Dr Ozgen urged the government to help those organizations fighting the disease.

### Vaccines From Canada

Meanwhile, it is reported that during February 3 million doses of TB vaccine will be brought from Canada by the Ministry of Health and Social Services. Ministry officials say that in order to increase the immunity provided by the vaccine everyone under 20 will be vaccinated four times until they reach age 20. Therefore, the production of TB vaccines at state laboratories will be increased by another 1 million from the present 3 million.

### 10 Percent Increase Annually

Meanwhile, the number of TB patients in Eastern Anatolia is reportedly increasing by an annual rate of 10 percent. The President of the Tuberculosis Society of Erzurum, Kemal Alyanak, said that there are 5,407 TB patients in the Erzurum, Erzincan, Kars and Aghri provinces, and 233 new cases have been discovered during the 1987 screening campaign.

12466/9/04

## UNITED KINGDOM

### Cash Crisis Brings Reduction in Hospital Beds

54500121 London THE DAILY TELEGRAPH in English 8 Mar 88 p 4

[Article by David Fletcher, Health Services Correspondent: "5,300 Hospital Beds Axed During Cash Crisis, Claims BMA"]

[Text] Cash shortages forced Health Service hospitals to close 3,100 beds last year and a further 2,200 disappeared because of strategic plans or rationalisation, the British Medical Association said yesterday. Hospitals also reported a shortage of 2,289 nurses.

The closures amounted to nearly five per cent of the 115,000 NHS beds. In the same period, only 900 new ones came into use.

The BMA called for an immediate cash injection of 300 million pounds and claimed that the rate of bed-closures would rise this year unless extra cash was found.

This compares with a plea last week by the Parliamentary Social Services Committee that 1,000 million pounds was needed over the next two years to restore the service to an even footing.

The BMA figures are based on a survey of 85 per cent of the country's 201 health authorities and reveal growing cutbacks in care because of closed beds, nurse shortages and deferred spending.

Mr Paddy Ross, chairman of BMA consultants, said: "The survey provides the Health Department with up-to-date, accurate information on the state of the Health Service. We believe it substantiates our claim that there is a crisis."

Without extra cash, waiting lists were bound to become longer and the morale of hospital staff would be adversely affected, he added.

Low morale was found to be affecting many consultants. One Welsh doctor said: "Everyone is gloomy and sad because the old ideal of providing the best service has

been lost and the new one of cutting all possible corners and taking all possible risks in the name of the great god efficiency just doesn't make our hearts beat faster."

Mr Moore, Health Secretary, said last week that there would be no "blank cheques." But BMA leaders are seeking a meeting to persuade him that an extra 300 million pounds is the essential minimum needed to preserve standards.

/06662

### Typhoid Alert Issued After Outbreak at Asian Party

54500119 Leeds YORKSHIRE POST in English 5 Mar 88 p 2

[Text] A TV appeal in Hindustani was broadcast last night in a new attempt to trace everyone at a large Asian party after an outbreak of para-typhoid fever.

Environmental health officials issued a nationwide alert after it was learned that 38 people who attended the Birmingham party in January had been hit by the infectious food poisoning.

Eleven of the victims are in hospital, some of them seriously ill.

Doctors predict that about 200 people may have contracted the disease without realising it.

Among those thought to have been at the party was an Indian woman from Sheffield. Doctors know her name but have so far been unable to trace her.

Health officials nationally said the priority now was to prevent a secondary outbreak.

The fear is that a carrier of the disease, who may work in the food or catering industry and is not careful about personal hygiene, could be the cause of further cases.

Earlier yesterday, doctors said a contaminated lamb curry, left overnight in a factory together with a selection of Indian sweetmeats, mixed vegetables and rice before being eaten by guests at the Indian Independence Day celebration, was responsible for the outbreak.

A team of 30 health officers, who manned a special infection incident room throughout the day, believe that have traced fewer than half the estimated 1,100 to 1,500 people who attended the party at the Tower Ballroom in Edgbaston on January 31. Many of the guests travelled from London and Leicester.

Dr Surinder Bakhshi, Birmingham's Environmental Medical Officer of Health, said the food had been prepared in totally unsuitable circumstances by people who knew very little about mass catering, and where there were no proper washing facilities.

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